	A STATE OF THE CAME OF THE CAM
REPORT COVERING:	FOR OFFICE USE ONLY Postmark Date:
JANUARY 1 through JUNE 30, DUE BY AUGUST 15	0.0212004
JANUARY 1 through DECEMBER 31, 2004 - DUE BY FEBRUARY 15	2053094
1. Name: Williams Joseph E. Last Pirst MI 2. Business Address: 909 Poydras ST. New Orleans LA 70/12 Street and No. Swite 1000 City State Zip	
2. Business Address: 909 109 DAAS STE NEW OFLEANS LA 70112 Street and No. Suite 1000 City State Zip	<u></u>
Mailing Address: SAME AS ABOVE	
3. Business Phone: 504-528-9174 Area Code and Telephone Number	
4. Employer: HibERNIA South Coast Congital INC.	
5. Employer's address: 909 Poyouts ST. Suite 1006 New Outen'S LA Street and No. City State 2	701/2 ip
6. Did you make an expenditure exceeding \$50 on one occasion for a retirement system official:	1995 1995
From July 1 through June 30? Yes No No NA X	ETHUS AUTHORIZED TO RECEIVE 14
If the answer to either question in Number 6 above is YES, complete Schedule A and attach.	PHIZ: 25
7. Did you make expenditures exceeding the sum of \$250 for a retirement system official:	25 25
From July 1 through June 307 From July 1 through December 31? Yes No NA	
If the answer to either question in Number 7 above is YES, complete Schedule A and attach.	

Page 1 of <u>\$</u>

to the i	IVIDE BELOW (a) the name of the state or statewide public tetirem retirement system made during the January 1 - June 30 reporting particement system made during the July 1 - December 31 reporting pens a calendar year auributable to the retirement system.	period; (c) the aggregate total of all expenditures attributable	to
!)	a. Name of Resirement System: Teachees Re	TIREMENT System of Louisin	ъl
	b. Total of all expenditures made January 1 through June 30:	\$	
	c. Total of all expenditures made July 1 through December 31: (When applicable)	s_100000	
	d. Total of all expenditures made during the calendar year.	s /,200°2	
2)	a. Name of Retirement System;		
	b. Total of all expenditures made January 1 through June 30:	\$	
	c. Total of all expenditures made July 1 through December 31: (When applicable)	\$	
	d. Total of all expenditures made during the calendar year:	\$	
3)	a. Name of Retirement System:		
	b. Total of all expenditures made January 1 through June 30:	\$	
	 c. Total of all expenditures made July 1 through December 31: (When applicable) 	\$	
	d. Total of all expenditures made during the calendar year.	\$	
	CERTIFICATION OF	ACCURACY	
I	hereby certify that the information contained he	erein is true and correct to the best of my	
k	mowledge, information, and belief; that all reportable	expenditures have been included herein; and	
ti	hat no information required by LSA-R.S. 42:1114.2 h		
	// Signature of	Filer	

Page _ ___ of _ _ 3__

Form 406, Rev. 8/04

L OFFICIAL'S NAME	2. NAME OF RETIREMENT SYSTEM	3. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU RITHER SPENT OVER 550 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$250 BETWEEN JANUARY 1 AND JUNE 20	4. AMOUNT DE EXPENDITURES MADE DN AN OFFICIAL POR WHOM YOU ETHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCEDING \$250 BETWEEN RILY 1 AND DECEMBER \$1	5. TOTAL OF COLUMNS 3 AND 4
see attache	1:57			
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		-"		

Page 3 of 3

Ponto 406, Rev. 6/04

TRSL Board Members, Staff and Guests (09/07/2004) - Dinner

Dr. Jerry Baudin

Brenda Labat

Sheryl Abshire

Andress Abshire

Larry Moody

Eula Beckwith

Charles Beckwith

Anne Baker

Dr. Bill Baker

Charles Buriol

Janet Burjol

Syble Jones

Lambert Boissiere

Jerry Slayter

Jim Miller

Bonnie Brown

Tommy Reeves

Charlene Wilson

Paula Bezard

Graig Lufcombe

Cullen Investments

Kendra Cain

David Bordes

Dorsey & Co.

Phillip Dorsey

Steven Rueb

Francis Financial Group

Todd Francis

Tamara Jackson

Marlet Becnel

Wendy Poindexter

FBT Investments

Leonard Aisfield

Jannie Markey

Hibernia Southcoast Capital

Troy Villafarra

Jason Jeansonne

Sisk Investment Company

Charles Sisk

Patrice Sisk

Sisung Securities

Larry Sisung

Steve Bowes